

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE		LOCAL FILE NO	
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED			
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH		DAY		TIME MILITARY	
CRASH OCCURRED ON		YMCA Lot		WITHIN THE INTERSECTION OF		21 6/11/16		THU		1916	
IF NOT IN INTERSECTION		N MILES FEET W S E OF		(LIST NEAREST INTERSECTING STREET MILEPOST HOUSE NO)		CITY CODE					
LOG-1	LOG-2	LOC	JUR	FH3	FILT						
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT		Liberty Mutual		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Erickson, Kurt		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		6647 Mahogany Ct. Liberty Twp. OH					
PHONE NO.		513-759-9530		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.
OWNER (IF SAME AS DRIVER, WRITE SAME)		Same		ADDRESS		PHONE					
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH. PED DIR			
00	Nissan	TK	BLUE		OH	DGB2595		FROM TO			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8	UNIT NO. 2	NO OF OCCUPANTS 0	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT		State Auto		
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)							
PHONE NO.				BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE		DRIVER'S LICENSE NO.
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS		PHONE					
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO	TOWING SERVICE	VEH. PED DIR			
13	Volk	45	Black		OH	DX98CK		FROM TO			
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES		
ADDRESS				PHONE		SEX	A B C D E F		A B C D E F		
D	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES		
ADDRESS				PHONE		SEX	A B C D E F		A B C D E F		
E	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES		
ADDRESS				PHONE		SEX	A B C D E F		A B C D E F		
F	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE		AGE	POSITION		INJURIES		
ADDRESS				PHONE		SEX	A B C D E F		A B C D E F		
INJURED TAKEN TO		By		A B C D E F		RESTRAINTS		ALCOHOL			
INJURED TAKEN TO		By		A B C D E F		RESTRAINTS		ALCOHOL			
OFFENSE CHARGED AND DESCRIPTION		A B C		A B C D E F		RESTRAINTS		ALCOHOL			
OFFENSE CHARGED AND DESCRIPTION		A B C		A B C D E F		RESTRAINTS		ALCOHOL			
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES	
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY			
2/11/16		YES NO		Morris		131					